



Behavioral Risk Factor Surveillance System

WHAT IS THE PUBLIC HEALTH ISSUE?

Health tracking, or “surveillance,” is the essential underpinning for all public health efforts. State-level data on behavioral risk factors are essential to efficiently and effectively target scarce public health prevention resources. States use such data to identify health problems, plan and evaluate public health responses, and target populations with the greatest needs. In addition, states need to be able to identify public health trends over time. For example, one of the ways CDC was able to alert public health programs to the obesity epidemic was through the use of Behavioral Risk Factor Surveillance System (BRFSS) data.

WHAT HAS CDC ACCOMPLISHED?

BRFSS is the nation’s premier system for measuring critical health problems and a wide variety of health-related behaviors at the state level. The data underpin many public health policy and program decisions in states and for the nation. BRFSS is a cross-sectional telephone survey conducted by all 50 state health departments, the District of Columbia, Puerto Rico, the Virgin Islands, and Guam. States collect and use BRFSS data to track critical health problems and to develop and evaluate public health responses. CDC provides technical assistance to participating states and territories. BRFSS, a unique, state-based surveillance system, is the primary source of information on risk behaviors that contribute to the leading causes of death among adults.

BRFSS provides flexible, timely and ongoing data collection that allows for state-to-state and state-to-nation comparisons and is flexible to meet individual state needs. BRFSS data can also be analyzed by age, sex, education, income, race, ethnicity, and other variables so that states can identify groups at highest risk for health problems and tailor efforts accordingly. CDC also has collaborated with state and local health officials to make health information from BRFSS available for specific local areas (“SMART BRFSS – Selected Metropolitan/Micropolitan Area Risk Trends from the Behavioral Risk Factor Surveillance System”). This analysis provides data for over 120 metropolitan and micropolitan statistical areas (MMSAs) and many of the counties within those areas. CDC expanded the utility of SMART BRFSS by introducing “BRFSS Maps,” a Web-based interactive mapping application that graphically displays the prevalence of behavioral risk factors at the state and MMSA level.

Examples of Programs in Action:

Oklahoma published *Arthritis in Oklahoma – the Painful Truth: 2004 Data Report*, part of the Arthritis Prevention and Education Program, using BRFSS data to introduce the problem of arthritis in the state, as well as opportunities for the prevention and treatment of the disease. The Connecticut Department of Mental Health and Addiction Services used state-added BRFSS question data about illegal drug use and inappropriate use of prescription drugs in program and treatment planning. The Florida Department of Health released two new reports from the BRFSS, *Overweight and Related Risk Factors Among Non-Hispanic Blacks* and *Overweight and Related Risk Factors Among Hispanics*, which can be used to evaluate Florida’s progress toward meeting the Healthy People 2010 goal of eliminating health disparities.

WHAT ARE THE NEXT STEPS?

CDC will continue to support state-level monitoring of emerging health problems and health-related behaviors through BRFSS. The role of BRFSS in public health planning will continue and grow as increasingly sophisticated methods of data collection and analysis make possible new and additional uses of BRFSS, such as small area analysis.